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I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).							
I hereby appoint:							
Practitioners associated with the Customer OR			25096				
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):							
	Name			Name		Registration Number	
as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).							
	ge the correspondence address ss associated with Customer N	n identified in the atta	ched staten	nent under 37	CFR 3.73(b) to:		
OR ·							
Firm or Individual Name							
Address							
City		State		Zip			
Country		Telephone		Email		·	
Assignee Name and Address: Transpacific Plasma, LLC 2711 Centerville Road, Suite 400 Wilmington, DE 19808							
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.							
SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee							
Signature	<i>b</i> -	2	Date		Fel. s		
Name	Rebecca Tu Telephone						
Title	Title Authorized Person for Transpacific Plasma, LLC						